

10F3

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/540288		FILING DATE		
APPLICANT(S)											
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51					
2	1					52					
3	1					53					
4	1					54					
5	3					55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
20						70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28	1					78					
29						79					
30						80					
31						81					
32	3					82					
33						83					
34						84					
35						85	1				
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					

PTO-1380 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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20F3

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/546288		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	0							51	0		
102	0							52	0		
103	0							53	0		
104	0							54	0		
105	0							55	0		
106	0							56	0		
107	0							57	0		
108	0							58	0		
109	0							59	0		
110	0							60	1		
111	0							61	1		
112	0							62	1		
113	0							63	1		
114	0							64	1		
115	0							65	1		
116	0							66	1		
117	0							67	1		
118	0							68	1		
119	0							69	1		
120	0							70	1		
121	0							71	3		
122	0							72	3		
123	0							73	3		
124	0							74	3		
125	1							75	3		
126	1							76	3		
127	1							77	3		
128	1							78	3		
129	1							79	0		
130	1							80	0		
131	1							81	0		
132	1							82	0		
133	1							83	0		
134	2							84	0		
135	2							85	0		
136	2							86	0		
137	2							87	0		
138	2							88	0		
139	0							89	0		
140	0							90	0		
141	0							91	1		
142	0							92	1		
143	0							93	2		
144	0							94	2		
145	0							95	2		
146	0							96	2		
147	0							97	2		
148	0							98	2		
149	0							99	2		
150	0							200	2		
TOTAL IND.								TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS								TOTAL CLAIMS			

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3 of 3

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 91540288		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.
201	2							51			
202	1							52			
203	1							53			
204	1							54			
205	1							55			
206	1							56			
207	1							57			
208	1							58			
209	1							59			
210	1							60			
211	1							61			
212	1							62			
213	1							63			
214	1							64			
215	1							65			
216	1							66			
217	1							67			
218	1							68			
219	1							69			
220	1							70			
221	1							71			
222	1							72			
223	1							73			
224	2							74			
225	2							75			
226	1							76			
227	2							77			
228	2							78			
229	1							79			
230	1							80			
231	1							81			
232	1							82			
233	1							83			
234	1							84			
235	1							85			
236	1							86			
237	2							87			
238	2							88			
239	1							89			
240	1							90			
241	1							91			
242	1							92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	8							TOTAL IND.			
TOTAL DEP.	280							TOTAL DEP.			
TOTAL CLAIMS	288							TOTAL CLAIMS			

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\* PAY IS DUE ON ALL ADDITIONAL CLAIMS OR AMENDMENTS

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